FORM PTO-1083

UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

Nguyen, Vinh P.

Mail Stop Amendment

P.O. Box 1450

August 11, 2004

Commissioner for Patents

I hereby certify that this correspondence is being deposited with the United States Postal

Service with sufficient postage as first class

eg. No. 41,232

08/11/04 Date

mail in an envelope addressed to:

Alexandria, VA 22313-1450, on

In re application f:

Tomomi MOMOHARATE

Serial No: 09/686,200 (reissue of USPN 5,818,249)

Filed: October 5, 2000

or: PROBE CARD HAVING GROUPS OF PROBE NEEDLES

IN A PROBING TEST APPARATUS FOR TESTING SEMICONDUCTOR INTEGRATED CIRCUITS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A certified copy of __ Patent Application No. __ filed __ from which priority is claimed under 35 U.S.C. § 119 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	12	-20	20	**	0	LG=\$18 SM=\$9	\$18	\$	0
INDEPENDENT CLAIMS FEE	3	-3	3	***	0	LG=\$86 SM=\$43	\$86	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145								\$	0
						Т	OTAL	\$	0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$_-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$1,480.00 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Date: August 11, 2004

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Respectfully ubmitted.

HOGAN & HARTS

Anthony J. Orle

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